

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
Initiative Monthly Report

Name of Committee

MS Republican Party (Voter ID Activity)

Address

P.O. Box 60 Jackson MS 39205

Telephone

601 948 5191

Fax

601 354-0972

Director

Brad White

Treasurer

Annie Hederman



Check here if above is different from previous report

## TYPE OF REPORT

January  
(Month)2010 Monthly Report (due 10<sup>th</sup> of following Month).....Mandatory

\_\_\_\_ Termination Report (Committee or individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

## IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 11,500 <sup>00</sup> + \$ 0 <sup>00</sup>	\$ 11,500 <sup>00</sup>	\$ 11,500 <sup>00</sup>
Total amount of disbursements	\$ 10,455 <sup>58</sup> + \$ 1096 <sup>00</sup>	\$ 11,551 <sup>58</sup>	\$ 11,551 <sup>58</sup>
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

5/3/10

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-813 (1972).

SEND TO: 1. Political Committees and individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

Name of Candidate or Committee \_\_\_\_\_

Reporting period 1-1-10 through 1-31-10

## ITEMIZED DISBURSEMENTS

A. Full name	Jeppie Barbawr	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	225 Grand Ave	1/5/10	\$ 1000.00
City, State, Zip Code	Yazoo City, MS 39194	1/9/10	\$ 1174.30
Purpose of Disbursement (Optional)	Photo Voter ID Director	Aggregate Year-to-date	\$
B. Full name	Jeppie Barbawr	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	225 Grand Ave	1/25/10	\$ 1466.68
City, State, Zip Code	Yazoo City, MS 39194	1/29/10	\$ 1000.00
Purpose of Disbursement (Optional)	Photo Voter ID Director	Aggregate Year-to-date	\$
C. Full name	Jeppie Barbawr	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	225 Grand Ave.	1/15/10	\$ 1,000.00
City, State, Zip Code	Yazoo City, MS 39194	1/1/11	\$
Purpose of Disbursement (Optional)	Photo Voter ID	Aggregate Year-to-date	\$ 5,640.98
D. Full name	Broadstreet	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4465 I-55 North #101	1/25/10	\$ 585.98
City, State, Zip Code	Jackson, MS 39206	1/1/11	\$
Purpose of Disbursement (Optional)	Voter ID Luncheon	Aggregate Year-to-date	\$ 585.98
E. Full name	John Morgan Hughes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 4579	1/28/10	\$ 100.00
City, State, Zip Code	Mississippi State, MS 39762	1/28/10	\$ 76.00
Purpose of Disbursement (Optional)	Voter ID Efforts	Aggregate Year-to-date	\$ 176.00
F. Full name	Mallory Lambert	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	108 Novara Trail	1/9/10	\$ 264.00
City, State, Zip Code	Madison MS 39110	1/15/10	\$ 64.32
Purpose of Disbursement (Optional)	Photo Voter ID Assistant	Aggregate Year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_  
Reporting period 1-1-10 through 1-31-10

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mallory Lambert	1/15/10	\$ 232.00
Mailing Address		
108 Novara Trail	1/22/10	\$ 256.00
City, State, Zip Code		
Madison MS 39110		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Photo Voter ID Assistant		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mallory Lambert	1/22/10	\$ 44.00
Mailing Address		
108 Novara Trail	1/29/10	\$ 248.00
City, State, Zip Code		
Madison, MS 39110		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1108.32
Photo Voter ID Assistant		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tom hord	1/9/10	\$ 256.00
Mailing Address		
P.O. Box 14133	1/9/10	\$ 176.00
City, State, Zip Code		
Jackson MS 39236		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Photo Voter ID Assistant		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tom hord	1/15/10	\$ 272.00
Mailing Address		
P.O. Box 14133	1/15/10	\$ 195.25
City, State, Zip Code		
Jackson MS 39236		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Photo Voter ID Assistant		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tom hord	1/22/10	\$ 264.00
Mailing Address		
P.O. Box 14133	1/22/10	\$ 376.00
City, State, Zip Code		
Jackson MS 39236		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Photo Voter ID Assistant		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tom hord	1/29/10	\$ 480.00
Mailing Address		
P.O. Box 14133		
City, State, Zip Code		
Jackson MS 39236		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2019.25
Photo Voter ID Assistant		

Name of Candidate or Committee \_\_\_\_\_

Reporting period 1-1-10 through 1-31-10

## ITEMIZED DISBURSEMENTS

A. Full name	Wiming Edge Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	80 Spring Branch Rd. Ste A	1/27/10	\$ 925.05
City, State, Zip Code	Alexandria AL 36250	___/___/___	\$
Purpose of Disbursement (Optional)	Printing of Petitions	Aggregate Year-to-date	\$ 925.05
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_  
Reporting period 1-1-10 through 1-31-10

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/19/10</u>	\$ <u>1500<sup>00</sup></u>
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1500<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/21/10</u>	\$ <u>10,000<sup>00</sup></u>
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>10,000<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/10</u>	\$
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/10</u>	\$
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$